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3736  
PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/440,106
		Filing Date	November 15, 1999
		Confirmation Number	2546
		First Named Inventor	TAYLOR, CHARLES S.
		Group Art Unit	3736
		Examiner Name	NASSER, ROBERT L.
Total Number of Pages in This Submission	3	Attorney Docket Number	GUID-003DIV2

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation of Power of Attorney	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
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Remarks

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TECHNOLOGY CENTER R3700

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	ALAN W. CANNON, Reg. No. 34,977
Signature	
Date	May 21, 2003

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450 on this date May 12, 2003

Typed or printed name	Maria J. Sousa	Date	May 21, 2003
Signature			

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**POWER OF ATTORNEY  
BY ASSIGNEE**



Attorney Docket	GULD-003DIV2
First Named Inventor	Taylor, Charles S.
Application Number	09/440,106
Confirmation Number	2546
Filing Date	November 15, 1999
Examiner Name	Robert Nasser
Title: Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery	

Cardiothoracic Systems, Inc., assignee of the above-identified application by assignment dated June 3, 1997, hereby revoke all previous powers and appoint:

	Name	Registration No.	Name	Registration No.	
	Alan W. Cannon	34,977			
	Ronald D. Devore	39,958			<i>RECEIVED</i>
					<i>JUN 02 2003</i>
					<i>TECHNOLOGY CENTER R3700</i>

as its attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

**DIRECT ALL CORRESPONDENCE TO:**

Individual Name	Alan W. Cannon, Reg. No. 34,977		
Firm Name	LAW OFFICE OF ALAN W. CANNON		
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City, State, Zip	Sunnyvale, California 94086		
Country	U.S.A.		
Telephone	(408) 736-3554	Facsimile	(408) 736-3564

**SIGNATURE of Assignee of Record**

In accordance with 37 CFR §3.73(b) I hereby certify that I am empowered to act on behalf of the Assignee of the above-identified patent application. The Assignment was recorded with the U.S. Patent Office on **June 6, 1997** at Reel **8602**, Frame **0377** for the parent application Serial No. 08/870,681, and a copy is being submitted herewith for recordation in the U.S. Patent Office with regard to the present application.

I declare that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code §1001 and that such willful false statements may jeopardize the validity of the above referenced application or any patent resulting from that application.

Name and Company	Ronald D. Devore; Cardiothoracic Systems, Inc.		
Title	Assistant Secretary		
Signature		Date	<i>March 4, 2003</i>

**REVOCATION OF POWER  
OF ATTORNEY OR  
AUTHORIZATION OF AGENT**



Attorney Docket	GUID-003DIV2
First Named Inventor	Taylor, Charles S.
Application Number	09/440,106
Confirmation Number	2546
Filing Date	November 15, 1999
Art Unit	3736
Examiner Name	Robert Nasser
Title	Surgical Devices for Imposing a Negative Pressure to Stabilize Cardiac Tissue During Surgery

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

AND

Please change the correspondence address for the above-identified application to:

Individual Name	Alan W. Cannon	RECEIVED
Firm Name	Law Office of Alan W. Cannon	JUN 02 2003
Address	834 South Wolfe Road	TECHNOLOGY CENTER R3700
City, State, Zip	Sunnyvale, California 94086	
Country	U.S.A.	
Telephone	(408) 736-3554	Facsimile (408) 736-3564

I am the:

Applicant; or  
 Assignee of record of the entire interest  
(Certificate under 37 CFR 3.73(b) is enclosed.)

**SIGNATURE of Applicant or Assignee of Record**

Name	Ronald D. Devore
Signature	
Date	March 4, 2003